

**FILED**

November 18, 2022

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS

BY: lad  
DEPUTY

**Attachment 1 - Civil Complaint**

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
Waco DIVISION**

Annette M. Aubrey  
(Enter your full name)  
Plaintiff(s)

CASE NUMBER: 6:19-cv-00643-ADA-DTG  
(Supplied by Clerk's Office)

Ward law Claims  
(Enter full name of each Defendant)  
Defendant(s)

**AMENDED COMPLAINT**

Charge of Discrimination of Disability  
Please see additional Documents  
Attached -

Annette M. Aubrey  
1429 Thunderbrook Dr. DeSoto, TX 75115

Ward law Claims  
2755 Texas Central Pkwy  
Waco, TX 76712

Signature

Name (Typed or Printed) Annette M. Aubrey

Address 1429 Thunderbrook Dr. DeSoto, TX 75115

Telephone Number 214) 530-7864

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

## UNITED STATES DISTRICT COURT

for the

Western District of Texas

Waco Division

Annette M. Aubrey

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Wardlaw Claims

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. 6:19-cv-00643-ADA-DTG

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☒ No

## AMENDED COMPLAINT FOR A CIVIL CASE

Charge of Discrimination of Disability  
Please see additional documents  
Attached

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Annette M. Aubrey
Street Address	1429 Thunderbrook Dr.
City and County	DeSoto, Dallas
State and Zip Code	TX
Telephone Number	214-530-7804
E-mail Address	kingann5@yahoo.com

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

---

## Defendant No. 1

Name	Wardlaw Claims
Job or Title <i>(if known)</i>	Buisness
Street Address	2725 Texas Central Pkwy
City and County	Waco
State and Zip Code	TX 76712
Telephone Number	254-772-6055
E-mail Address <i>(if known)</i>	

## Defendant No. 2

Name	n/a
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 3

Name	n/a
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

## Defendant No. 4

Name	n/a
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Case 6:19-cv-00643-ADA-DTG Document 3 Filed 10/15/19 Page 1 of 7

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS

2019 OCT 15 PM 2:48

CLERK OF COURT EL

Annette M. Aubrey  
Plaintiff

**8-19CV-2439N**

v.

Civil Action No.

Wardlaw Claims  
Defendant

COMPLAINT

Charge of Discrimination of Disability  
Please see attached copies of charge

\* Attach additional pages as needed.

Date

10/15/19, October 15, 2019

Signature

Annette Aubrey

Print Name

Annette Aubrey

Address

1241 Whispering Trail

City, State, Zip

Dallas, TX 75241

Telephone

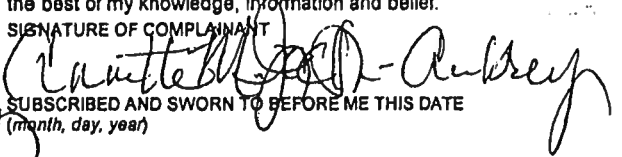
214 530-7804

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: <b>Agency(ies) Charge No(s):</b> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>450-2017-03434</b>	
2017 JUL 14 PM 1:16 <b>Texas Workforce Commission Civil Rights Division</b> and EEOC <small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) <b>Annette M. Jackson-Aubrey</b>		Home Phone (Incl. Area Code) <b>(214) 375-2842</b>	
Date of Birth <b>1966</b>			
Street Address <b>1241 Whispering Trail, Dallas, TX 75241</b>			
City, State and ZIP Code			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>WARDLAW CLAIMS</b>		No. Employees, Members <b>201 - 500</b>	
Phone No. (Include Area Code) <b>(254) 644-6585</b>			
Street Address <b>7401 Cypress Gardens Blvd, Winter Haven, FL 33884</b>			
City, State and ZIP Code			
Name <b>WARDLAW CLAIMS</b>		No. Employees, Members <b>201 - 500</b>	
Phone No. (Include Area Code) <b>(254) 644-6585</b>			
Street Address <b>7401 Cypress Gardens Blvd, Winter Haven, FL 33884</b>			
City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <b>March 1, 2017 April 1, 2017</b> <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <b>1. PERSONAL HARM:</b> a. On or about January 30, 2017, I was assigned to a one year contract with State Farm in Winter Haven Florida. In early March 2017 I took a couple of days and went to Dallas for a doctor's appointment. I was required to return to Dallas for follow up appointments later that month and I put in a request one week in advance to my HR rep Crystal Bell. I was not notified of this leave approval until two hours before my departure. b. During my leave I was called by coworkers and asked why I was not returning to Florida. This was a surprise to me because I planned to return on my scheduled return date of April 5, 2017. I contacted Crystal Bell who said that this was just hearsay but State Farm would not have reassigned my cases if they thought I was coming back.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT <b>Annette M. Jackson-Aubrey</b> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	
Jul 13, 2017 Date		Charging Party Signature	

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC <b>450-2017-03434</b>
<b>Texas Workforce Commission Civil Rights Division</b> and EEOC <i>State or local Agency, if any</i>	
<p>c. During my doctor's appointment on April 4, 2017, I was given a document from my doctor stating that I needed an accommodation of working from home. I was told by Crystal Bell that this was not an option. The Respondent did not participate in any interactive process to find me a position that would meet my requested accommodation. ?</p> <p>2. <b>RESPONDENT'S REASON FOR ADVERSE ACTION:</b></p> <p>a. No reason given.</p> <p>b. No reason given.</p> <p>c. Ms. Bell gave me several reasons including a laptop issue and finally just said that working from home was not an option.</p> <p>3. <b>DISCRIMINATION STATEMENT:</b> I believe that I was discriminated against based on my disability, and/or because I was regarded as disabled, in violation of the Americans with Disabilities Act Amendments Act of 2008.</p>	

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
Jul 13, 2017 Date	SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
Charging Party Signature	



Case 6:19-cv-00643-ADA-DTG Document 3 Filed 10/15/19 Page 4 of 7

EEOC Form 161 (11/16)

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## DISMISSAL AND NOTICE OF RIGHTS

To: **Annette M. Jackson-Aubrey**  
**1241 Whispering Trail**  
**Dallas, TX 75241**

From: **Dallas District Office**  
**207 S. Houston St.**  
**3rd Floor**  
**Dallas, TX 75202**



On behalf of person(s) aggrieved whose identity is  
**CONFIDENTIAL (29 CFR §1601.7(a))**

EEOC Charge No.

EEOC Representative

Telephone No.

**450-2017-03434**

**Patonia A. Rhule,**  
**Investigator**

**(214) 253-2781**

## THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:



The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.



Your allegations did not involve a disability as defined by the Americans With Disabilities Act.



The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.



Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge



The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.



The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.



Other (briefly state)

## - NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

**Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act:** This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Equal Pay Act (EPA):** EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Enclosures(s)

**Belinda F. McCallister,**  
**District Director**

**7-15-19**

(Date Mailed)

cc:

**John Ross, Attorney**  
**THOMPSON, COE, COUSINS**  
**700 North Pearl Street, Suite 2500**  
**Dallas, TX 75201**  
**(Wardlaw Claims)**

Enclosure with EEOC Case 6:19-cv-00643-ADA-DTG Document 3 Filed 10/15/19 Page 5 of 7  
Form 161 (11/16)

### INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC

*(This information relates to filing suit in Federal or State court under Federal law.  
If you also plan to sue claiming violations of State law, please be aware that time limits and other  
provisions of State law may be shorter or more limited than those described below.)*

#### PRIVATE SUIT RIGHTS -- Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA), the Genetic Information Nondiscrimination Act (GINA), or the Age Discrimination in Employment Act (ADEA):

In order to pursue this matter further, you must file a lawsuit against the respondent(s) named in the charge **within 90 days of the date you receive this Notice**. Therefore, you should **keep a record of this date**. Once this 90-day period is over, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and its envelope, and tell him or her the date you received it. Furthermore, in order to avoid any question that you did not act in a timely manner, it is prudent that your suit be filed **within 90 days of the date this Notice was mailed to you** (as indicated where the Notice is signed) or the date of the postmark, if later.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. (Usually, the appropriate State court is the general civil trial court.) Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. Filing this Notice is not enough. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Courts often require that a copy of your charge must be attached to the complaint you file in court. If so, you should remove your birth date from the charge. Some courts will not accept your complaint where the charge includes a date of birth. Your suit may include any matter alleged in the charge or, to the extent permitted by court decisions, matters like or related to the matters alleged in the charge. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the respondent has its main office. If you have simple questions, you usually can get answers from the office of the clerk of the court where you are bringing suit, but do not expect that office to write your complaint or make legal strategy decisions for you.

#### PRIVATE SUIT RIGHTS -- Equal Pay Act (EPA):

EPA suits must be filed in court within 2 years (3 years for willful violations) of the alleged EPA underpayment: back pay due for violations that occurred **more than 2 years (3 years) before you file suit** may not be collectible. For example, if you were underpaid under the EPA for work performed from 7/1/08 to 12/1/08, you should file suit **before 7/1/10** -- not 12/1/10 -- in order to recover unpaid wages due for July 2008. This time limit for filing an EPA suit is separate from the 90-day filing period under Title VII, the ADA, GINA or the ADEA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA or the ADEA, in addition to suing on the EPA claim, suit must be filed within 90 days of this Notice and within the 2- or 3-year EPA back pay recovery period.

#### ATTORNEY REPRESENTATION -- Title VII, the ADA or GINA:

If you cannot afford or have been unable to obtain a lawyer to represent you, the U.S. District Court having jurisdiction in your case may, in limited circumstances, assist you in obtaining a lawyer. Requests for such assistance must be made to the U.S. District Court in the form and manner it requires (you should be prepared to explain in detail your efforts to retain an attorney). Requests should be made well before the end of the 90-day period mentioned above, because such requests do not relieve you of the requirement to bring suit within 90 days.

#### ATTORNEY REFERRAL AND EEOC ASSISTANCE -- All Statutes:

You may contact the EEOC representative shown on your Notice if you need help in finding a lawyer or if you have any questions about your legal rights, including advice on which U.S. District Court can hear your case. If you need to inspect or obtain a copy of information in EEOC's file on the charge, please request it promptly in writing and provide your charge number (as shown on your Notice). While EEOC destroys charge files after a certain time, all charge files are kept for at least 6 months after our last action on the case. Therefore, if you file suit and want to review the charge file, **please make your review request within 6 months of this Notice**. (Before filing suit, any request should be made within the next 90 days.)

**IF YOU FILE SUIT, PLEASE SEND A COPY OF YOUR COURT COMPLAINT TO THIS OFFICE.**



9/18/2018

Get a Benefit Verification Letter



# Social Security Administration

Date: September 18, 2018

BNC: 18BI813A03934

REF: A

ANNETTE M AUBREY  
2433 E Kiest Blvd  
DALLAS TX 75216-3320

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Information About Current Social Security Benefits

Beginning December 2017, the full monthly Social Security benefit before any deductions is \$1,762.20.

We deduct \$134.00 for medical insurance premiums each month.

The regular monthly Social Security payment is \$1,628.00.  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

## Information About Past Social Security Benefits

From January 2017 to November 2017, the full monthly Social Security benefit before any deductions was \$1,727.70.

We deducted \$111.00 for medical insurance premiums each month.

The regular monthly Social Security payment was \$1,616.00.

9/18/2018

Get a Benefit Verification Letter

(We must round down to the whole dollar.)

### **Type of Social Security Benefit Information**

You are entitled to monthly disability benefits.

---

### **Date of Birth Information**

The date of birth shown on our records is December 31, 1966.

### **Medicare Information**

You are entitled to hospital insurance under Medicare beginning September 2002.

You are entitled to medical insurance under Medicare beginning April 2003.

Your Medicare number is 5HW7-N21-GD38. You may use this number to get medical services while waiting for your Medicare card.

If you have any questions, please log onto Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

We invite you to visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-931-6094. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
2475 CLIFF CREEK  
CROSSING  
DALLAS, TX 75237

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This

Charles Tuen M.D. • 1001 ROBBIE MINCE WAY STE C, ESOTO TX 75115-2012

**AUBREY, Annette (id #366242, dob: 12/31/1966)****Patient**

<b>Name</b>	JACKSON, ANNETTE (30yo, F) ID# 366242	<b>Appt. Date/Time</b>	03/20/2017 02:00PM
<b>DOB</b>	12/31/1966	<b>Service Dept.</b>	TUEN_OF
<b>Provider</b>	CHARLES TUEN MD		
<b>Insurance</b>	Med Primary: CIGNA HEALTHSPRING OF TX (MEDICARE REPLACEMENT/ADVANTAGE - HMO) Insurance # : 34999423 Med Secondary: MEDICARE-TX (MEDICARE) Insurance # : 450634133A Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

**Chief Complaint**

tia

**Vitals****Wt:** 160 lbs 03/20/2017  
02:16 pm**Ht:** 5 ft 6 in 03/20/2017  
02:31 pm**BMI:** 25.8 03/20/2017  
02:31 pm**BP:** 145/89 sitting  
03/20/2017 02:16 pm**Allergies**

None recorded.

**Medications**desyrel 100 mg 1 to 2 hs, started on 03/20/2017  
asa 81 mg qd**Vaccines**

None recorded.

**Problems****Reviewed Problems****Family History**

None recorded.

**GYN History**

(not configured)

**Obstetric History**

None recorded.

**Past Pregnancies**

None recorded.

**Screening**

None recorded.

**HPI**

She reported that she had Left hemiparesis dx as having a Transient Ischemic Attack in 2015  
 had tests done in Colorado  
 Record not available

she still has intermittent speech problem, memory difficulty in the past few months  
 she had blood tests done, including lipid, lab were normal, per patient.

**ROS**

Patient reports no numbness, tingling, no seizure, syncope, no weakness, no headaches, no vertigo, no visual problem, and no difficulty with gait or walking.

**Additionally reports: poor sleep  
 feels anxious**

Charles Tuen M.D. • 1001 ROBBIE MINCE WAY STE C, ESOTO TX 75115-2012

**AUBREY, Annette (id #366242, dob: 12/31/1966)**

Patient is a 50-year-old female.

HEENT: neg  
Chest: clear  
heart: regular  
legs: no edema

Alert ox3, speech hesitant  
Recent memory normal.  
Spell house forward and backward, but slow  
Repeat, naming good.

Visual Field full.  
Face symmetric  
Extraocular eye movement are full to all directions.

Facial sensation symmetric on both sides.  
Tongue midline.  
Hearing symmetric.  
SCM muscles good strength.

Motor upper limbs good strength 5/5.  
Good dexterity in right hand, mild slow on left.  
Finger to nose no ataxia  
Motor Lower limbs good strength 5/5.

DTR: symmetric on both sides  
Ankle reflex present  
Vibration sense normal in both feet

Gait steady  
Romberg's negative.

**Assessment / Plan**

= Transient Ischemic Attack with Left hemipare is in 2015  
still has hesitant speech, memory difficulty, left hand dysfunction  
Poor sleep with anxiety  
Right hemisphere infarct in 2015 vs anxiety or both  
= prior Hypertension, now bp ok  
Recent lab, including lipid ok per pateint  
Will get results to review  
Taking asa  
= poor sleep, start Trazadone  
Discussed  
MRI head to define old stroke, less likely tumor  
REEG check for focal abnormality, partial complex seizure  
= Continue as  
- Return to office for follow up 4 weeks

**Return to Office**  
None recorded.

**Encounter Sign-Off**

Encounter signed-off by Charles Tuen, MD, 03/20/2017.

Encounter performed and documented by Charles Tuen, MD  
Encounter reviewed & signed by Charles Tuen, MD on 03/20/2017 at 2:36pm

Charles Tuen M.D. • 1001 ROBBIE MINCE WAY STE C, DESOTO TX 75115-2012

**AUBREY, Annette (id #366242, dob: 12/31/1966)****Patient**

<b>Name</b>	JACKSON, ANNETTE (50yo, F) ID# 366242	<b>Appt. Date/Time</b>	03/27/2017 10:00AM
<b>DOB</b>	12/31/1966	<b>Service Dept.</b>	TUEN_OF
<b>Provider</b>	CHARLES TUEN MD		
<b>Insurance</b>	Med Primary: CIGNA HEALTHSPRING OF TX (MEDICARE REPLACEMENT/ADVANTAGE - HMO) Insurance # : 34999426 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information.		

**Chief Complaint**

EEG

**Patient's Pharmacies****WALGREENS DRUG STORE 04747 (ERX): 3711 S LANCASTER RD, DALLAS TX 75216, Ph (214) 371-1891, Fax (214) 371-4346****Vitals**

None recorded.

**Allergies**

None recorded.

**Medications**desyrel 100 mg 1 to 2 hs, started on 03/20/2017  
asa 81 mg qd**Vaccines**

None recorded.

**Problems**

Problems not reviewed (last reviewed 03/20/20 7)

**Family History**

None recorded.

**GYN History**

(not configured)

**Obstetric History**

None recorded.

**Past Pregnancies**

None recorded.

**Screening**

None recorded.

**ROS**

None recorded.

**Physical Exam**

None recorded.

**Assessment / Plan**Start time: 10:25 am  
End time: 10:46 am**ELECTROENCEPHALOGRAPH REPORT**

This is a digitally recorded and reviewed electroencephalogram. The international 10-20 electrode placement system is used for scalp electrode placement.

Eighteen channels of scalp EEG are recorded with one channel of EOG. another channel for ECG were recorded. The data are



Charles Tuen M.D. • 1001 ROBBIE MINCE WAY STE C, MESOTO TX 75115-2012

---

**AUBREY, Annette (id #366242, dob: 12/31/1966)**

The background consisted of some 9 to 10 hertz alpha activity, posterior dominant, roughly symmetric on both sides, and attenuated with eye opening.

Patient entered into periods of drowsiness. No abnormality was seen.

Photic stimulation did not produce any driving response.

No focal slowing, no seizure like activity was observed during this recording.

EKG was also monitored throughout the entire recording. No significant arrhythmia was observed.

**EEG INTERPRETATION:**

Routine EEG is within normal limits, no focal slowing, no seizure like activity was seen.

Correlation with clinical finding is needed.

**Return to Office**

None recorded.

**Encounter Sign-Off**

Encounter signed-off by Charles Tuen, MD, 04/04/2017.

Encounter performed and documented by Charles Tuen, MD

Encounter reviewed & signed by Charles Tuen MD on 04/04/2017 at 3:37pm

Cause Number: 19CV643

Annette M. Aubrey

vs.

Wardlaw Claims

In the District Court

6 Western District  
Judicial District

Waco County, Texas

**Motion for Default Judgment**

To the Honorable Judge of this Court:

Petitioner, Annette M. Aubrey, files this motion for default judgment against Respondent, Wardlaw Claims, and respectfully shows:

Petitioner moves for judgment by default, the Respondent though duly served with citation in this case, has failed to appear or answer in this cause within the time allowed by law.

Therefore, Annette M. Aubrey respectfully requests entry of a default judgment in this action as permitted by law.

Date: November 16, 2022

Annette M. Aubrey

Printed Name: Annette M. Aubrey

Address: 1429 Thunderbrook Dr.

City: Desoto, Texas, 75115 Zip Code

Telephone: 214 530-7804

Email: kingann5@p100.com

Fax: \_\_\_\_\_

UNITED STATES DISTRICT COURT  
FOR THE ~~NORTHERN~~ DISTRICT OF TEXAS  
Western District

Annette M. Aubrey  
Plaintiff

v.

19CV643

Case Number

World Law Claims  
Defendant

Prayer

Wherefore Premise Considered, I  
Annette M. Aubrey, requests that the Defendant  
be liable to the plaintiff, and that the  
plaintiff have judgement against the  
defendants as follows:

- (1) Compensatory damages
- (2) Injunctive relief restraining the defendant  
from further American with Disabilities  
Act violations.

\* Attach additional pages as needed.

Date

August 24, 2022

Signature

Annette M. Aubrey

Print Name

Annette M. Aubrey

Address

1429 Thunderbrook, Dr.

City, State, Zip

DeSoto, TX 75115

Telephone

214 530 7804

\*Additional Page(s)

- (3) Punitive damages to deter the defendants from such egregious conduct;
- (4) Pre judgement interest as provided by law
- (5) Post judgement interest as provided by law.
- (6) Cost of suit and
- (7) Such other and relief, both in law and in equity, to which Plaintiff may show herself to be justly entitled.

I am seeking Punitive damages in the amount of \$150,000.00, due to the amount of contract and pain and suffering.

7022 2410 0002 5726 5755

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

WOODWAY TX 76786

**OFFICIAL USE**

Certified Mail Fee	\$4.00	
Extra Services & Fees (check box, add fee)	\$3.25	
<input type="checkbox"/> Return Receipt (hard copy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.60	
Total Postage and Fees	\$7.85	

Postmark Here  
11/18/2022

Sent To  
Wardlaw Claims  
2125 Texas Central Pkwy  
Waco, TX 76712

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Please note that my disability is: Transient Ischemic Attack (TIA), stroke like symptoms.

Attached documents included are as follows:

- Amended Complaint
- Original Complaint
- Right to Suit, Charge of Discrimination
- Verification of Disability from Social Security, 2917 Award letter
- Doctor's notes from visit date 3/20/17
- Motion for Default Judgement
- U.S. Postal Service Certified Mail Receipt  
to Wardlaw claims